

0-12-2  
 2-5-21  
 723901

| POSITION                  | INITIALS      | NO. | DATE     |
|---------------------------|---------------|-----|----------|
| FEE DETERMINATION         |               |     |          |
| O.I.P.E. CLASSIFIER       |               |     |          |
| FORMALITY REVIEW          | <del>AK</del> | 901 | 02-05-01 |
| RESPONSE FORMALITY REVIEW |               |     |          |

## INDEX OF CLAIMS

|   |       |                               |   |       |             |
|---|-------|-------------------------------|---|-------|-------------|
| ✓ | _____ | Rejected                      | N | _____ | Non-elected |
|   | _____ | Allowed                       | I | _____ | Inference   |
| - | _____ | (Through numeral)... Canceled | A | _____ | Appeal      |
| + | _____ | Restricted                    | O | _____ | Objected    |

| Claim |          | Date |
|-------|----------|------|
| Final | Original |      |
| 1     | 2        |      |
| 3     | 4        |      |
| 5     | 6        |      |
| 7     | 8        |      |
| 9     | 10       |      |
| 11    | 12       |      |
| 13    | 14       |      |
| 15    | 16       |      |
| 17    | 18       |      |
| 19    | 20       |      |
| 21    | 22       |      |
| 23    | 24       |      |
| 25    | 26       |      |
| 27    | 28       |      |
| 29    | 30       |      |
| 31    | 32       |      |
| 33    | 34       |      |
| 35    | 36       |      |
| 37    | 38       |      |
| 39    | 40       |      |
| 41    | 42       |      |
| 43    | 44       |      |
| 45    | 46       |      |
| 47    | 48       |      |
| 49    | 50       |      |

| Claim |          | Date |
|-------|----------|------|
| Final | Original |      |
| 51    | 52       |      |
| 53    | 54       |      |
| 55    | 56       |      |
| 57    | 58       |      |
| 59    | 60       |      |
| 61    | 62       |      |
| 63    | 64       |      |
| 65    | 66       |      |
| 67    | 68       |      |
| 69    | 70       |      |
| 71    | 72       |      |
| 73    | 74       |      |
| 75    | 76       |      |
| 77    | 78       |      |
| 79    | 80       |      |
| 81    | 82       |      |
| 83    | 84       |      |
| 85    | 86       |      |
| 87    | 88       |      |
| 89    | 90       |      |
| 91    | 92       |      |
| 93    | 94       |      |
| 95    | 96       |      |
| 97    | 98       |      |
| 99    | 100      |      |

| Claim |          | Date |
|-------|----------|------|
| Final | Original |      |
| 101   | 102      |      |
| 103   | 104      |      |
| 105   | 106      |      |
| 107   | 108      |      |
| 109   | 110      |      |
| 111   | 112      |      |
| 113   | 114      |      |
| 115   | 116      |      |
| 117   | 118      |      |
| 119   | 120      |      |
| 121   | 122      |      |
| 123   | 124      |      |
| 125   | 126      |      |
| 127   | 128      |      |
| 129   | 130      |      |
| 131   | 132      |      |
| 133   | 134      |      |
| 135   | 136      |      |
| 137   | 138      |      |
| 139   | 140      |      |
| 141   | 142      |      |
| 143   | 144      |      |
| 145   | 146      |      |
| 147   | 148      |      |
| 149   | 150      |      |

**If more than 150 claims or 10 actions  
 staple additional sheet here**

**(LEFT INSIDE)**

**Best Available Copy**